

D.I. # \_\_\_\_\_

**CIVIL ACTION****NUMBER:** \_\_\_\_\_

07CV 567 SSF

U.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT(S)

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$ 1 82
Certified Fee	2 65
Return Receipt Fee (Endorsement Required)	2 15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.62
Sent To	
WARDEN TOM CARROLL	
Street, Apt. No., or PO Box No.	
DELAWARE CORRECTIONAL CENTER	
City, State, ZIP+4	
1181 PADDOCK RD. SMYRNA DE 19977	
PS Form 3800, August 2006	
See Reverse for Instructions	

7007 0710 0003 9054 6642